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PATENT - POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Patent Number	7,666,134
	Issue Date	February 23, 2010
	First Named Inventor	Elof ERIKSSON
	Title	System and Method for Transplantation of Dermal Tissue
	Attorney Docket Number	CEL.728.US

I hereby revoke all previous powers of attorney given in the above-identified patent.

☐ A Power of Attorney is submitted herewith.

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SIGNATURE of Inventor or Patent Owner

Signature	<i>W. Robert Allison</i>	Date	JULY 25, 2011
Name	W. ROBERT ALLISON	Telephone	781.239.8232
Title and Company	PRESIDENT /Applied Tissue Technologies LLC		

NOTE: Signatures of all the inventors or patent owners of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.☐ *Total of _____ forms are submitted.

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